



Tzuria Learning Centre

94 Maud Road, Valhalla, 0137

Tel: 012 651 3902

lynette@tzuria.co.za

www.tzuria.co.za

Personal Information: 2012

Name of learner: _____ Cell no: _____

Grade of learner: _____ Age: _____ Date of Birth: _____

Date of enrolment: _____ (first day attending Tzuria)

Father's Information

Name and Surname: _____

Contact Details:

Address: _____

Occupation: _____

Tel (H): _____

Tel (W): _____

Cell no: _____

Fax: _____

E-mail: _____

Mother's Information

Name and Surname: _____

Contact Details:

Address: _____

Occupation: _____

Tel (H): _____

Tel (W): _____

Cell no: _____

Fax: _____

E-mail: _____

Alternative contact person in case of emergency:

Name and Surname: _____

Relationship: _____

Tel: _____ Cell: _____

Medical information we should be aware of:

Name of Family Doctor: _____

Tel no: _____

Educational Information

Name of previous school attended: _____

Date of last attendance: _____

Reason for leaving school: _____

Why does the learner want to attend at Tzuria? _____

Special educational needs we should be aware of:

What does the learner want to do after school? _____

Subjects

Grade:	Compulsory:	Choice:
8 & 9	Eng; Afr; Maths; L.O; Nat Science; Social Science; Business Studies	Two:
10, 11, 12	Eng; Afr; L.O *Maths or *Maths Literacy (*Underline which one)	Three: